



GEORGIA MEDICAID FEE-FOR-SERVICE THYROID HORMONES PA SUMMARY

Preferred	Non-Preferred
Armour Thyroid (thyroid [levothyroxine-liothyronine porcine]) Levothyroxine injection*, tablets generic and all generics/branded generics for Synthroid Liothyronine injection*, tablets generic Thyroid (levothyroxine-liothyronine porcine) generic and all generics/branded generics for Armour Thyroid	Tirosint (levothyroxine capsules and oral solution)

*preferred but requires PA

LENGTH OF AUTHORIZATION: 1 year

NOTE: Levothyroxine injection generic and liothyronine injection generic are preferred but require prior authorization (PA).

PA CRITERIA:

Levothyroxine Injection Generic and Liothyronine Injection Generic

- ❖ Medication must be administered in member's home or in a long-term care facility and must be unable to swallow oral dosage forms of medications.

Tirosint Capsules

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic levothyroxine tablets, is not appropriate for the member.

Tirosint Oral Solution

- ❖ Approvable for members unable to swallow solid oral dosage forms of medication (i.e., tablets, capsules).

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.